Results The median age of all enrolled participants was 26 (IQR: 23–31), with a median of 3 (IQR: 2–4) partners reported during the previous 30-day period. Among all participants completing follow-up, 111/155 (71.6%) notified at least one partner, with a median of 1 partner notified per participant (IQR: 0–2). For participants randomised to receive PDPT, 69/83 (83.1%) reported notifying at least one partner, compared with 42/72 (58.3%) of participants in the control arm (p = 0.001). The proportion of all recent partners notified was significantly greater in the PDPT than the Control arm (53.5% vs. 36.4%; p = 0.004).

Conclusions Provision of PDPT led to significant increases in notification among Peruvian MSM diagnosed with GC/CT infection. Additional research is needed to assess the impact of PDPT on biological outcomes of HIV/STI transmission in MSM sexual networks.

Abstracts

O11.3 TRICHOMONAS VAGINALIS RISK AND COFACTORS AMONG PERIPARTUM KENYAN WOMEN: PROTECTIVE ASSOCIATION WITH MALE PARTNER CIRCUMCISION

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Introduction Trichomonas vaginalis (TV) is the most common non-viral sexually transmitted infection (STI) worldwide and has implications for reproductive health in young women. We measured risk and correlates of peripartum TV.

Methods Kenyan women participating in a prospective study of peripartum HIV acquisition were enrolled during pregnancy and attended monthly follow-up visits until 9 months postpartum; HIV-seroconverters were excluded. TV was assessed every 1–3 months using wet mount microscopy and treated per Kenyan national guidelines. Recurrent TV was defined as TV detected ≥30 days after treatment or documented TV clearance. Male partner characteristics were reported by women. Andersen-Gill survival models were used to measure correlates of TV adjusting for age, socio-economic status, marital status, male partner circumcision status, and other STIs.

Results 1271 women enrolled at a median of 22 weeks gestation (interquartile range [IQR] 18–26), representing 1223 person-years. Most women were married (78%), reported no prior STIs (94%) and had uncircumcised male partners (69%); median age was 22 years (IQR 19–27). Overall, 196 TV infections were detected (81 prevalent at baseline, 115 incident during follow-up) and 56 (28%) were recurrent; 25% of infections were symptomatic. TV incidence was 9.4 per 100 person-years. In multivariate analyses, women with circumcised male partners had a 36% lower risk of incident TV compared to women with uncircumcised partners (adjusted hazard ratio [aHR] 0.64, 95% CI 0.43–0.94, p = 0.023). Having lower education (<8 years) (aHR 1.74, 95% CI 1.18–2.57, p = 0.005), being unmarried (aHR 1.75, 95% CI 1.10–2.78, p = 0.017), and recent Chlamydia trachomatis infection (aHR 2.06, 95% CI 1.24–3.44, p = 0.006) were associated with TV. Compared to nonuse, postpartum injectable or oral hormonal contraception use was not associated with TV risk.

Conclusion TV was relatively common in this peripartum cohort. Male circumcision promotion for HIV prevention may confer benefits in preventing TV among women in this setting.

Disclosure of interest statement We have no conflicts of interest to disclose.